

Idaho Transportation Department Product Review Application

Updated: 10-30-02

Note: Place "X" in boxes where applicable

Trade Name:

Date:

1. Manufacturer:

Phone:

Fax:

Street Address:

City:

State:

Zip:

E-mail Address

Web Page

2. Representative:

Phone:

Fax:

Agent:

Title:

Street Address:

City:

State:

Zip:

E-mail Address

Web Page

3. Product Identification:

Patented: ☐

Applied for: ☐

Primary Application:

Alternate Application:

Third Application:

4. Outstanding Features
or Advantages Claimed:

5. General composition of
material (Submit
applicable laboratory
reports):

6. Material Specifications
furnished by
Manufacturer:

☐

Comments:

7. Plan, drawing, picture of sketch
furnished by Manufacturer:

☐

Comments:

8. Demonstration
can be provided:

☐

Comments:

9. Instructions or directions for installation,
application, or use are furnished by Manufacturer:

☐

Comments:

Educational courses or videos can be provided:

☐

10. Availability:

Deliver at site ___ days after order:

Delivery Comments:

Quantities are
limited:

☐

Comments:

11. Free samples will be
furnished for evaluation

☐

Comments:

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12. List any specifications met by the product:

AASHTO

ASTM

Federal Specification

Idaho Specification

Note: Certified lab reports must be submitted by mail which support all claims made.

13. Has this product been evaluated by an AASHTO NTPEP Product Panel? ☐ If yes, which panel?

14. List other highway authorities which have approved this product for use and whether use is routine or experimental:

Note: Submit copies of letters of approval from at least two states that are using your product, preferably with similar climate conditions if possible.

15. Alternate for what existing product?

When introduced on the market?

16. Product is Guaranteed: ☐ Note: If yes, submit by mail copies of all applicable warranties.

Conditions:

17. Background description of company and its product:

18. Who recommended that the Transportation Department be contacted?

19. List all offices within the Transportation Department that have been contacted:

Office

Person Contacted

20. Additional Information:

21. Person furnishing information:

Title:

Organization

Phone:

E-mail Address

IDAHO TRANSPORTATION DEPARTMENT PRODUCT REVIEW APPLICATION

[Data Entry Instructions]

Trade Name: self-explanatory.

Date: Date form is submitted.

1. **Manufacturer:** Name of company manufacturing the product
Phone: self-explanatory **Fax:** self-explanatory
Street Address: self-explanatory
City: self-explanatory
State: self-explanatory, **Zip:** postal zip code
E-mail Address: self-explanatory
Web Page: self-explanatory
2. **Representative:** In the case where product is represented directly by Manufacturer, list name of Manufacturer if address of representative is same as that shown for Manufacturer above, otherwise, list name of the agent representing the Manufacturer. If the product is represented by an independent vendor, either an individual or a company, list the name of independent vendor.
Phone: self-explanatory **Fax:** self-explanatory
Agent: Name of Agent Representing Product (Can be an employee of Manufacturer or Vendor; or may be the same as "Representative" above)
Title: self-explanatory
Street Address: self-explanatory
City: self-explanatory
State: self-explanatory, **Zip:** postal zip code
E-mail Address: self-explanatory
Web Page: self-explanatory
3. **Product Identification:** dimension, color, formulation, etc. that further identifies or defines the product
Patented: check if the product is currently patented
Applied for: date application was submitted
Primary Application: primary intended use of product
Alternate Application: principal alternate use of product
Third Application: additional alternative use of product
4. **Outstanding features or advantages claimed:** self-explanatory
5. **General composition of the material:** self-explanatory
6. **Material Specifications furnished by Mfr.:** check if furnished
Comments: self-explanatory
7. **Plan, drawing, picture or sketch furnished by Mfr.:** check if furnished
Comments: self-explanatory
8. **Demonstration can be provided:** check if available
Comments: discuss requirements or limitations
9. **Instructions or directions for installation, application or use are available:** check if available
Comments: nature of instructions or directions (manual, technical notes, instruction sheet, etc.)
Educational courses or movies can be provided: check if available
10. **Availability:** seasonal or non-seasonal
Deliver at site ___ days after order: number of days
Delivery Comments: list any additional factors affecting delivery
Quantities are limited: check if limited
Comments: discuss any additional factors related to availability

11. **Free samples will be furnished for evaluation:** check if true
Comments: self-explanatory
12. **List any specifications met by product:** list applicable numbers under the appropriate category. Submit copies of certified lab reports by mail.
13. **List other highway authorities which have approved product for use and whether use is routine or experimental:** Submit copies of letters of approval from at least two states that are using this product, preferably with similar climatic conditions.
14. **Has this product been evaluated by an AASHTO NTPEP Product Panel?** Check if true.
If yes, which panel: self-explanatory
15. **Alternate for what existing product:** be specific
When introduced on market? specify date introduced
16. **Product is guaranteed:** check if true
Conditions: specify conditions of warranty
17. **Background description of company and its products:** self-explanatory
18. **Who recommended that the Transportation Department be contacted?** specify name and agency or company
19. **List any other offices within the Transportation Department which have been contacted:**
Office: self-explanatory
Person contacted: self-explanatory
20. **Additional Information:** self-explanatory
21. **Person furnishing information:** self-explanatory
Title: self-explanatory
Organization: self-explanatory
Phone: self-explanatory
E-mail Address: self-explanatory

NOTE: This form will be used to enter the data in the Department's computerized database and assign it to the proper subcategory. Please ensure that all data provided is accurate and complete. If you are filling out more than one form (**required for multiple products**), ensure that the spelling and abbreviations of persons and companies is consistent.

Please mail form and accompanying documents and/or samples to:

Idaho Transportation Department
Materials Section
PO Box 7129
Boise, ID 83707-1129

or deliver to:

Materials Section
Operations Annex
3293 W. Jordan Street
Boise, ID 83702

or e-mail to:

newproducts@itd.state.id.us

Phone: 208-334-8267, FAX: 208-334-4411